

# JOB ORDER REQUEST

For use of this form, see MICOM 420-2; the proponent agency is Directorate of Public Works

## TO BE COMPLETED BY CUSTOMER

TO: **Director, DPW** 1. DATE 2. REQUESTOR'S ID NUMBER & COST CENTER NUMBER

3. The following services are requested and are considered necessary.

(Describe work in detail and attach sketch if additional clarity is needed. Enter building number and your estimate of cost. Attach additional sheets if needed.)

### A. DESCRIPTION:

BUILDING NUMBER:

ESTIMATED COST

\$

### B. JUSTIFICATION (Justify why work is needed. Address applicable criteria below)

4. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION

5. ORGANIZATION

6. TELEPHONE NUMBER

7. NAME OF REQUESTOR

8. ORGANIZATION

9. TELEPHONE #

10. SIGNATURE OF REQUESTOR

### FOR DPW USE ONLY BELOW THIS LINE

REQ CC

FAC

RECD

MOA

TRACKING NO.

DESCRIPTION

11. REMARKS:

12. JO NUMBER(s)

13. AMS NUMBER(s)

14. ESTIMATED COST(s)

15. DPW APPROVING AUTHORITY

DATE: \_\_\_\_\_

☐ APPROVED

☐ DISAPPROVED

### 16. ROUTING (Sequence; Office; Action)

CA	HM	RDEC
DPW	IM	
EN	OP-CO	
EN	OP-CO	
EMP	OP-BA	
FD	RM	

### 17. ACTION LEGEND

<b>A</b> - Accomplishment	<b>F</b> - Funding
<b>C</b> - Coordination	<b>HA</b> - Hazard Analysis
<b>D</b> - Design	<b>IA</b> - Impact Analysis
<b>E</b> - Estimate	<b>R</b> - See Remarks
<b>EV</b> - Evaluate	<b>S</b> - Site Approval
<b>FA</b> - Feasibility Analysis	<b>SP</b> - Space Approval

### 18. CRITERIA

### TOTAL POINTS

☐ R&D MISSION REQUIRED (200)  
☐ INFRASTRUCTURE RED (150)  
☐ INFRASTRUCTURE AMBER (100)  
☐ PHYSICAL PLANT MANAGEMENT (90)  
☐ MISSION CRITICAL (140)

☐ COMMAND EMPH (110)  
☐ FUND. AVAILABILITY (100)  
☐ TIME SENSITIVE (60)  
☐ ARS IMPACTED (130)  
☐ 100+ IMPACTED (80)

☐ 25-100 IMPACTED (30)  
☐ SECURITY (70)  
☐ SAFETY/FIRE, RACII (120)  
☐ SAFETY/FIRE, RACIII (50)  
☐ QUALITY OF LIFE (50)

☐ CUST. POINTS (\_\_\_\_)  
☐ ENV., MUST FUND (150)  
☐ ENV., PRUDENT (50)  
☐ ENV., GOOD TO DO (20)